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AUTHOR Corder, Lloyd E.
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ABSTRACT

A study to determine whether five Pittsburgh hospitals have communication training programs and whether the programs have been or are currently being evaluated examined the following research questions: (1) whether they have ever used a communication training program (i.e., writing, interpersonal communication, public speaking, group leadership); (2) if so, what was the background of the program (i.e., content, who initiated the program, where was it conducted, how long did it last); (3) why it was decided that the communication program was necessary; (4) how successful the program was (i.e., formal evaluation, based on intuition or comments heard by trainer, pencil and paper test); and (5) whether the communication training program was conducted by in-house personnel or by outside consultants. Subjects, training directors of the five hospitals, were interviewed and given a brief background of why the study was being conducted. Results demonstrated that communication training programs do exist and that the programs are evaluated in some way. However, in no cases that were discussed, were measurements used to establish baselines before and after training to determine how they affect the organization's overall goals. Therefore, it seems clear that much more investigation and research is needed to determine if baselines can be constructed, and if training programs can be accurately assessed using this type of evaluation. (Three tables of data are included, 10 references and 2 appendixes are attached.) (RAE)

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Communication-Based Training Programs and Evaluation Methods Of Five Pittsburgh Hospitals

Lloyd E. Corder

University of Pittsburgh
Department of Communication
1117 Cathedral of Learning
Pittsburgh, Pennsylvania 15260

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In 1987, U.S. organizations budgeted $32 billion for training staffs and programs (Lee, 1987). When over 2,400 of these organizations were asked what type of training they do most, the top three responses were management skills/development, supervisory skills, and communication skills (Lee, 1987). If we consider that even management skills/development and supervisory skills may contain elements of communication skills, it is apparent that most training in corporate America utilizes some form of communication training. At the same time that vast resources are spent on communication training, there appears to be a general lack of effort and resources spent on evaluating these programs (Blakeslee, 1982, Campbell, 1975, Goldhaber, 1986, Laird, 1985). Sometimes no real evaluation is attempted and other times evaluation is based on intuition, and not data (Campbell, 1975). The problem with this type of evaluation is that it is often superficial and does not provide an accurate assessment of training programs. Therefore, knowledge of why a program succeeds or fails cannot be gained.

Certainly, the day-to-day demands of the work environment make it difficult to conduct thorough evaluation. Trainers may be responsible for teaching several subjects as well as have other organizational responsibilities. Kelly and Baird (1984) have suggested four organizational "realities" that make it difficult to evaluate training programs. First, some organizations may not want extensive quantitative or qualitative evaluation. Second, extensive evaluation procedures cost organizations in terms of time and dollars. Third, organizations often don't know what

training is supposed to improve. Finally, extensive evaluation methods may be threatening to management. If a program flops, yet it had the complete support of management, someone is bound to loose face.

Even though evaluation is difficult, many authors suggest that is should and must be attempted with almost every training program (Blakeslee, 1982, Campbell, 1985, Forster, 1977, Goldhaber, 1986, Komras, 1985, Laird, 1985, McGehee, 1977). These authors suggest that evaluation is best when it is planned and implemented as part of the training program. However, the question remains: what should be evaluated? Should the program content, trainer, trainee, or something else be assessed? Laird (1985) and Odiorne (1961) suggest that evaluation can occur on at least three levels: contribution to organizational goals, achievement of learning objectives, and/or perceptions of the trainees and their managers.

Contribution to Organizational Goals:

Some forms of training are conducted to help reduce or solve a problem within the organization. In other words, training is directed toward organizational urgencies. Evaluation of training conducted to determine whether the urgent problem was eliminated or alleviated. To find out how well the training worked, some form of quantification is needed. Quantification will provide the trainer or management staff with a baseline. For example, the number of units of work per hour, tasks completed, budgets submitted, machine downtime, and so on could be used as a baseline. Next, a decision would be made as to "how much" these

baselines needed to be changed. After these preliminary measures were decided upon, then training would be implemented. Naturally, after the training is completed, the new baseline is determined. If the new baseline level sufficiently exceeds the previous level, then the program would be called successful. The training, therefore, would have helped solve a problem.

Achievement of Learning Objectives:

Second, training can be evaluated based on how well participants achieved the learning objectives. It is not likely that all participants will achieve all of the learning objectives 100% of the time. However, the more specific the learning objectives, the easier it is to test each participant and decide whether the objective was met. This form of evaluation usually occurs immediately after the training program in the form of a short quiz. More elaborate forms of evaluation use on the job assessments by either a supervisor or trainer. Interestingly enough, this form of evaluation can also be quantified using a four step model: 1) compute the potential (number of students multiplied by number of goals), 2) test individual achievements (test each student on each objective), 3) compute gross achievements (add all the "yes" achievements), and 4) compute achievement quota (divide step 3 by step 1). This formula allows the trainer to see what percentage of total learning objectives were achieved.

Perceptions of Trainees and Their Managers:

Finally, evaluation can be based on perceptions. This form of evaluation usually follows the opinion survey format, where

participants can respond to scalar questions (e.g., always, often, now and then, seldom, never) or open questions (e.g., what course activities would you eliminate?). Answers to these types of questions can be used in two ways. First, the number of positive or negative comments can be counted. The more positive comments, the better the program. Second, the comments can be classified into inherent categories: the content, the instruction, the facilities, the appropriateness of the objectives. Decisions about the appropriateness and worth of each category can be determined. In either case, the program's success is largely related to the perceptions of the participants who attended.

Research Questions:

From the literature, it seems evident that extensive resources are spent on communication training programs and yet these programs are not always evaluated. Further, it is evident, as Laird (1985) suggests, that there are concrete methods of evaluating training programs. One type of organization that uses communication and communication-based training programs are hospitals. Many hospitals view themselves as a business--engaged in making profits and fighting off competition. The present study, therefore, was conducted to determine whether several local hospitals have communication training programs and wether the programs have been or are currently being evaluated. Specifically, the following research questions were used to guide this study:

RQ1: Have local hospitals ever used a communication training program (i.e., writing, interpersonal communication, public speaking, group leadership)?

RQ2: If so, what is the background of the program (i.e., content, who initiated the program, where was it conducted, how long did it last)?

RQ2: Why was it decided that the communication program was necessary?

RQ4: How successful was the program (i.e., formal evaluation, based on intuition or comments heard by trainer, pencil and paper test)?

RQ5: Was the communication training program conducted by in-house personnel or outside consultants?

METHODS

Subjects:

For this study, training directors of five local hospitals (Allegheny General, Children's, Mercy, Presbyterian, and Shadyside)[1] were interviewed.[2] The directors were contacted by telephone and the study was explained to them. After the intentions of the study were made clear, the researcher asked the directors if he could interview them personally. Four of the directors agreed to meet face-to-face and one director, because of time constraints, asked to be interviewed over the telephone.

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[1]Appendix I contains the names of the training directors who were interviewed.

[2]A training director is defined as a person who is responsible for creating, teaching, and/or evaluating the hospital's communication program(s), regardless of whether that person is also a manager.

Instrumentation:

An interview schedule was constructed by using the five research questions as guidelines. A copy of the actual questionnaire can be found in Appendix II.

Procedures:

During the first part of each interview, the researcher began by giving a brief background of what the study was about and why the it was being conducted. To quickly establish common ground, the researcher showed the training director a simple chart (Table 1).

Table 1

Communication Training

	Academics	Business
Content	* Theory * Research * Training for future	* Theory? * Research? * Training for immediate future
Assessment	* Quizes, tests, written assign. * Teacher evaluation	* Program content * Job performance * Trainer performance

This chart was used to show that there seems to be some differences between academics and the business community in terms of the content and assessment of communication programs. It was explained to the directors that on the content dimension academics often concentrate on theory and research. The goal of training is mostly directed toward the distant future. In a business setting,

however, content may be based on theory and research, but training seems to be conducted for more immediate purposes. On the assessment dimension, academics often evaluate students by giving quizes, tests, and written assignments. Teachers, if evaluated at all, are usually assessed at the conclusion of the semester. Training programs in business contexts can be evaluated in a number of ways (e.g., whether the program content was correct, change in job performance, the trainer's performance, and so on). After this short model was made clear, it was explained to the director that the majority of questions or areas of discussion would be related to these dimensions.

During some interviews, the questions were asked in order. Other times, because some answers anticipated future questions, the interview schedule was rearranged. When ever an answer to a question or part of a question was not clear, the researcher asked more questions (probes) for clarification. When a director spoke of a specific program or a specific type of evaluation, the researcher asked if he could have a copy to study in detail. If any of these forms were part of a vendor's program, the vendor was written and asked if they would provide the forms. After the interviews were completed, summaries of the conversation were recorded. Finally, within two days of the interview, thank you letters were sent to each director expressing appreciation for time spent and information shared during the interview.

RESULTS

Existence of Communication Training Programs:

Two general types of communication training programs were found to be used by the five hospitals interviewed: 1) some form of a "guest relations" program and 2) more specific and extensive communication topic areas. Table 2 provides a summary of these findings.

Table 2

Types of Communication Training Programs

Hospital	Guest Relations	Writing	Interpersonal Communication	Public Speaking	Group Leadership
AGH	Yes	Yes	Yes	Yes	Yes
Children's	Yes	?	?	?	?
Mercy	*	*	*	*	*
Presby	Yes	Yes	Yes	Yes	Yes
Shadyside	Yes	No	No	No	No

Note: ? = Director not familiar with other departments
* = Director newly hired--programs planned

Table 2 shows that all hospitals have or are planning some form of guest relations program. The majority of these programs involve a discussion of basic communication skills, such as nonverbal communication, listening, and other interpersonal skills. The more detailed programs, such as writing, interpersonal communication, public speaking, and leadership are found at Allegheny General and Presbyterian-University hospitals (and, possibly, at Children's).

Background of the Programs:

Who initiated the programs? The answers to this question were mixed. In some cases (e.g., Children's) the director inherited a program that was already in existence. In other cases (e.g., AGH, Mercy, Presby, and Shadyside), some parts or some programs had direct input from the training directors. In most cases, however, the programs had the support and approval by management.

What did the programs involve? The guest relations programs, as mentioned above, usually briefly covered basic communication skills. Approximately two to three years ago (for most hospitals), the programs were implemented as part of a hospital-wide training program. Almost every employee was encouraged to attend these program. After the general training was completed, various follow-up sessions were implemented (e.g., more workshops, newsletters, contests to pick personnel who were exceptional employees and used the skills discussed in the seminars, and various other activities). The format of these training session often followed video tapes, lectures, and discussions.

The more detailed communication programs contain information about specific topic areas. For example, Presbyterian-University Hospital provided such courses as "First Impressions," "Person to Person Communication Skills for Handling Complaints," "Word Workout I," and "Word Workout II" to name a few. An example of another program from Allegheny General Hospital concentrated on management (or leadership) training. The course covered a variety of interpersonal skills as well as provided examples of group

structure and how communication is related to these structures. For the most part, however, the content of these programs were protected by the directors. However, the directors did reveal that the majority of the sessions were led in a lecture and discussion format. Only Mercy Hospital was planning a management seminar that relied heavily on video tape.

Where were the programs conducted? In the majority of cases, the programs were conducted in-house. This means that either the hospital had special training facilities or that the trainer went to an on-site location. In only a few cases, seminars were conducted by outside consultants in outside facilities. These cases usually involved upper management. Apparently, some managers felt awkward about being trained by someone who had less status than they did.

How long did the programs last? The programs ranged in length from two hours to four days.

Decision to Implement Training:

General Responses: A variety of answers were given to this question, however, the overwhelming response was to make the hospital more profitable. Most directors explained that they, as well as management, viewed the hospital as a business. Therefore, the goal of training is to help make the business profitable, whether by training employees to move into new positions, to treat customers more politely, or to help reduce cost. Presbyterian-University Hospital offered additional reasons such as 1) they are a teaching hospital and training in non-technical areas is not a foreign concept, 2) human resource has shown links between

training and increased performance, and 3) by providing core curriculum for management, the hospital is protecting itself legally.

Other Comments: In addition to these general comments, directors also mentioned that the guest relations programs were implemented as part of general training and orientation of new employees. As far as the more specific courses are concerned, some employees voluntarily attended the programs while others were requested by management. An example of this later case would be if a particular department is having problems, they would call the training director and discuss the problem in detail. In some cases, the director would then establish a program designed to help solve the immediate departmental problems.

Evaluation of Training Programs:

Table 3 contains a summary of the different types of evaluation that the training directors used.

Table 3

Methods and Frequency of Evaluation

Hospital	Pencil and paper questionnaire following training session	Some form of pre-test post-test design	Interview or supervisor appraisal
AGH	Always	Sometimes	Sometimes
Children's	Always	No	Sometimes
Mercy	Always	Possible	Possible
Presby	Always	Sometimes	No
Shadyside	Always	No	Always

Paper and pencil Questionnaire: From Table 3, it is clear that every hospital interviewed had some short of pencil and paper evaluation immediately following either the guest relations or the more specific communication courses. The majority of these questionnaires were one page in length and typically asked questions about how well the material was presented, how clear the concepts were made during the lectures, and how well the instructor presented the material.

Pre-test/post-test designs: Also noted in Table 3 is that Allegheny General and Presbyterian-University Hospitals also used a pre-test/post-test design with their training. For example, Allegheny General sends out a detailed registration form to managers enrolled in the Allegheny Leadership Development Program. This form specifically asks managers to list a set of "performance objectives" or "projects" that they use in day-to-day practice, but may need to improve. This format allows the managers assess their present skill levels before they attend the program. After the program is completed, the managers attempt to describe how well they met these performance objectives. Presbyterian-University Hospital, on the other hand, has developed short "quizes" for certain participants to complete before the program. Once the program is completed, then a similar quiz is given and participants are assessed based on the change that occurred between the first and second quiz.

Job performance appraisal: In some cases, such as the programs offered at Presbyterian-University Hospital, there are no direct methods of assessing how well someone has applied the

skills that were covered in a training session. In other cases, such as Allegheny General, Children's, and Shadyside Hospitals, more direct efforts of assessing job performance are attempted. For example, Allegheny General uses an appraisal form for its guest relations program that is completed by both the employee and the employee's immediate supervisor. The similarity and differences of these comparisons are discussed during appraisal review periods. Children's determines how well its employees are using the skills covered in the guest relations program by asking the parents of the sick children to complete a hospital satisfaction questionnaire. Each department is assessed on how well they treated the parents and patients. Management knows that the program is working when each department consistently receives good ratings. Finally, Shadyside has gone to great lengths to change every job description in the hospital and make specific requirements for each job and function. For example, a secretary's new job description might include a section on 1) how quickly to answer the telephone, 2) how to address the person calling, 3) how to be courteous to the caller, and 4) how to handle upset callers. Therefore, each individual is assessed on how well they have preformed specific communication skills.

In-house Staff versus Outside Consultants:

Each hospital interviewed uses a combination of in-house staff and outside consultants to develop and teach their programs. In some cases, such as Children's and Shadyside, an outside consultant was hired to develop the program. After the program was started, in-house staff took over and ran the program.

Presbyterian hires consultants to teach certain courses when they have staffing problems. Allegheny General sometimes works with consulting firms to develop training tapes and other materials for in-house programs. Finally, Mercy has purchased a number of complete programs that are simply scheduled by in-house staff.

DISCUSSION

General conclusions: The results from this study demonstrate two encouraging points: communication training programs exist and the programs are evaluated in some way. First, every hospital has or is planning a communication-based training program. More importantly, however, specific content communication areas (e.g., writing, public speaking, interpersonal communication, and leadership) are taught in at least two of the hospitals interviewed. It is clear, then, that these five hospitals view communication skills and communication training as an important part of their overall training programs. Second, every hospital that has a communication-based training program has some method of evaluating these programs, only if that method is a short pencil and paper response immediately following each program. This finding both contradicts and confirms some of the arguments made in the literature. The assertion that training programs are rarely assessed does not fit with these findings. What fits is that the programs are rarely thoroughly evaluated through detailed quantification. Specifically, evaluation is usually of Laird's (1985) third type: based on perceptions of trainees and their managers. In only some of the programs conducted at Allegheny General and Presbyterian do trainers attempt Laird's second type

of evaluation: based on the achievement of learning objectives. Finally, in no cases that were discussed, are measurements used to establish baselines before and after training to determine how they affect the organization's overall goals. Therefore, it seems clear that much more investigation and research is needed to determine 1) if baselines can be constructed and 2) if training programs can be accurately assessed using this type of evaluation.

Limitations of the study: There are at least four limitations of this study that need to be noted. First, only five area hospitals were sampled. This population is too small to draw conclusive findings and generalize these findings to all hospitals. However, the hospitals that were interviewed do provide interesting points of reference that an additional, larger study could stem from. Second, because Mercy's staff was recently replaced, the training programs that they wish to use are not started yet. Therefore, the information given about these programs could change once the programs begin and the day-to-day problems begin to surface. Third, at times, there was resistance to sharing information about the content of the specific communication programs. Even though the researcher assured the directors that he taught, studies, and research much of the materials in these programs, some were reluctant to show sample handouts and so forth. Because of this resistance, it is not likely that any study attempting to compare the content of business communication courses and academic communication courses could be conducted with much cooperation. However,

training directors were very willing to share evaluation forms and the like. Therefore, a future study concentrating on the evaluation process appears to be much more feasible. Finally, the last limitation that needs to be mentioned is that there were problems with scheduling. Because the training directors were extremely busy, finding time to discuss each individual program was often difficult. Therefore, the directors usually choose to talk about one or two programs, while mentioning that they had several other programs as well. Future research projects should be limited to approximately 30 minutes of interview time. Although some interviews lasted up to two hours, 30 minutes would be plenty of time to ask several questions as well as not infringe on the training director's time.

Future research: Evaluation will become more and more important as organizations continue to become more and more concerned with the cost of individual programs. It seems clear that decisions will have to be based on more than participants opinions of the course, content, and instructor. As this shift begins to occur, more than likely training directors will have to rely on more statistical techniques. With the present perception questionnaires, the majority of findings appear to be reported using some sort of percentage. Percentages are a useful indicator, but may not be as useful as they could be. Additional breakdowns by some demographic variables (e.g., sex, age, department, years with organization, and so on) might provide more information about what groups find the programs to be working best for them. In baseline studies, t-tests and ANOVAs might provide

the statistical significance that is needed to say whether a program was successful. In addition, significant levels of these tests would also show how successful the program was--did it make a real change, did the organization get what it paid for? Studies proving or disproving that baselines are an accurate method of assessment seem particularly urgent. Is there a systematic method for determining and testing baselines? Are there other techniques in addition to determining baselines that would make evaluation more valid than its current state? Answers to these questions should provide the first step toward answering what appears to be a relatively simple question: if we buy your communication training program, how will we know that it's worth the money?

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APPENDIX I

Evaluating Communication Consulting Questionnaire

Company Name:

Telephone Number(s):

Persons Contacted:

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1. Has your company ever used a communication training program? [Examples: writing, interpersonal communication, public speaking, group leadership?]

2. Can you give me a little background on the program? [Examples: who initiated the program, what did it involve, where was it conducted, how long did it last, who conducted it, etc...]

3. Why did you or someone else in your organization decide that communication training was needed? [Examples: to improve productivity, improve morale, part of standard training provided to employees, etc...]

4. How successful was the program? [Examples: did you have a formal evaluation procedure, was it based on intuition or comments you heard, pencil and paper test, job performance appraisal, etc.]

5. Were the communication training program conducted by in-house personnel or by outside consultants?

APPENDIX II

Training Directors Interviewed

Sam Mentzer
Allegheny General Hospital
Coordinator Educational Services
Management and Organizational Development

Joan K. Shames
Children's Hospital of Pittsburgh
Patient Representative

William F. Wilson
Mercy Hospital
Director
Organizational Development

Monica J. Joyce
Presbyterian-University Hospital
of Pittsburgh
Training Specialist

Rachel Cupcheck
Shadyside Hospital
Employee Relations Coordinator